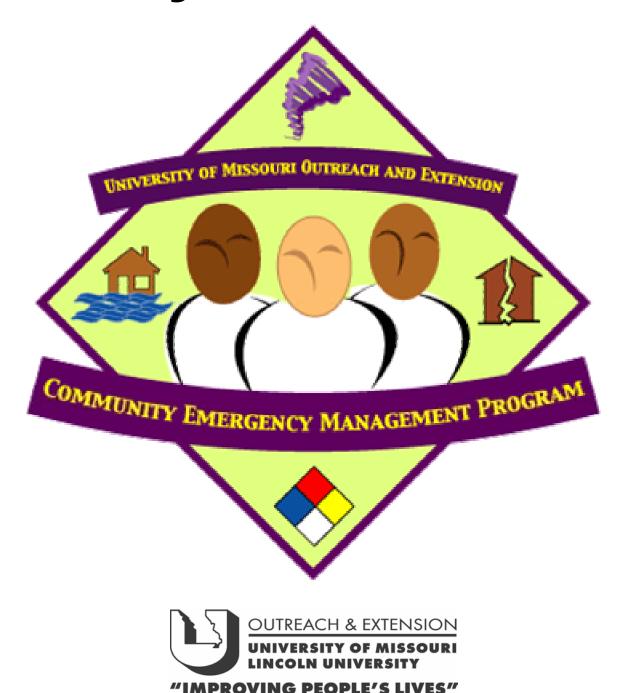
Family Disaster Plan



University of Missouri Outreach and Extension wishes to gratefully acknowledge content contributions from the Federal Emergency Management Agency, The American Red Cross and The Salvation Army.

About your Family Disaster Plan

This booklet is a plan template and is intended to give you a format and possible suggestions about information you might want to include in a family disaster plan. It is not all inclusive and should be modified by the user to suit individual or family needs.

This plan can be filled in as an electronic version or printed and filled in by hand. If filled in by hand, it is suggested that one use a pencil for ease of making future corrections to information contained in the document.

Keep this plan updated with current and correct information			
Update and review plan:	Last update:	Next update:	
	-	-	

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Household Members

Household Members	Relation/Birth Date	Social Security Number
I		
Pets	Pet License #	Vet name & number

Household Information

Home Address:				
Phone1:		Phone2		
E-mail:1				
Car Information:				
Car 1: Make	/ Model	/ Year	/License #	
Car 2: Make	/ Model	/ Year	/License #	
Car 3: Make	/ Model	/ Year	/License #	
Emergency Num CALL 911 FO	bers R EMERGENC	Y		
Doctor # 1				
Doctor # 3				
Fire Number				
	r			
Poison Control Nun	nber			
Hospital Emergency	y Room Number			
Name/Number				
Name/Number				
Name/Number				
Name/Number				

Note: After a disaster, 911 may not be working. Use these numbers as you listed above.

Utility and Service Contacts

Organization Name Water/Sewer	Address	Contact
	Note	Phone
Organization Name Electric	Address	Contact
	Note	Phone
Organization Name Gas	Address	Contact
	Note	Phone
Organization Name Phone/cable	Address	Contact
	Note	Phone
Organization Name Home Medical	Address	Contact
	Note	Phone

Insurance/Other Information

Name	Policy#/Other Information	Phone

Family/Friends/Neighbors

Name	Address/Physical Location to Home	Phone	E-mail Address	Cell phone Number
		Hm./Wk. Phone		

Note: Identify two neighbors. Agree to check on each other

Out-of-Area Contact #1

	* =		
Name	Home Address	Home Phone	E-mail Address
	Work Address	Work Phone	Cell Phone Number

Important: During disasters, use phone for emergencies only. Local phone lines may be tied up. Make one call out-of-area to report in. Let this person contact others.

Out-of-Area Contact #2

out of theu contac	V =	at of the contact #2					
Name	Home Address	Home Phone	E-mail Address				
	Work Address	Work Phone	Cell Phone Number				

Work, School, and Other Contacts

Household Member Name	Work/School/Other Address	Disaster Procedures*
	Phone	
Household	Work/School/Other	Disaster Procedures*
Member Name	Address	
	Phone	
Household	Work/School/Other	Disaster Procedures*
Member Name	Address	
	Phone	
Household	Work/School/Other	Disaster Procedures*
Member Name	Address	
	Phone	
Household	Work/School/Other	Disaster Procedures*
Member Name	Address	
	Phone	
Household	Work/School/Other	Disaster Procedures*
Member Name	Address	
	Phone	

Note: *Disaster Procedures: Household members should know each other's disaster procedures for work, school, or other places where they spend time during the week.

Reunion Procedures

In or Around	Inside House/Apartment
House/Apartment	
	Outside House/Apartment
When Family is Not Home	Priority Location
	(Leave note in a designated place where you will be: i.e., neighbor, relative, park, school, shelter, etc.)
	neighbor, relative, park, senoor, sherter, etc.)
Nata Idantif. and diamona with	
	h household members the reunion places if a disaster prevents e. Also, reunion and evacuation procedures need to include
	nembers with disabilities. Talk to school officials. Write down
procedures.	
Important Notes and Proce	edures

Important Not	es and Proced	ures		

Note: People with disabilities are advised to identify two or three people at work, school, neighborhood, etc. who will assist them in the event of a disaster.

Medication List

Medication Name	Dosage/Frequency	Reason for Taking
Prescription #	Date Started/Ending	Location of Medicine
Medication Name	Dosage/Frequency	Reason for Taking
Prescription #	Date Started/Ending	Location of Medicine
Medication Name	Dosage/Frequency	Reason for Taking
Prescription #	Date Started/Ending	Location of Medicine
Medication Name	Dosage/Frequency	Reason for Taking
Prescription #	Date Started/Ending	Location of Medicine
	Prescription # Medication Name Prescription # Medication Name Prescription #	Prescription # Date Started/Ending Medication Name Dosage/Frequency Prescription # Date Started/Ending Medication Name Dosage/Frequency Prescription # Date Started/Ending Medication Name Dosage/Frequency

Note: Keep on hand at least seven days of vital medications and supplies. Talk to doctor before storing medication or if you use two or more medications

Pharmacy/Doctors/Specialists

Pharmacist	Pharmacy Name	Phone/Address	
	1 Harmacy Ivamic	1 Holic/Addicss	
Name(s)			
	Pharmacy Name	Phone/Address	
	1 Harmacy Name	I Holic/Address	
Specialist Name	Area of Concern	Phone	
1			
	Organization	Address	
Specialist Name	Area of Concern	Phone	
	Organization	Address	

Allergies to Medications	Person's Name	Person's Name
	Medication	Medication
Health/Disability Information		
Special Needs, Equipment, and		
Supplies		

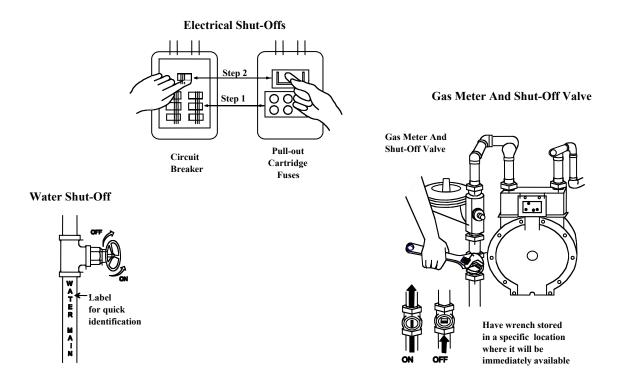
Note: Fill this and all sections out in pencil. Update regularly. If additional information is needed, tape or staple another sheet of paper.

Home Layout/Diagram	

Draw a layout of your home. Make sure you include locations of utility shutoffs and safety equipment like fire extinguishers, disaster supplies, etc.

Utility Control

Locate each of these utility control points in your home



Electricity:

In the event that you need to turn off the electricity in your house, go to the breaker box and do the following:

- 1. Turn off smaller breakers one by one
- 2. Flip the "main" breaker last

To reenergize your home, reverse the steps above

Water:

In the event you need to shut water off inside your home, find the main water valve and turn it to your right. To open the flow of water back into the house, turn it to your left.

Gas:

IMPORTANT - Only turn off you gas at the meter if you smell gas!

To turn off natural gas in your house, take a wrench and tighten it on to the quarter turn valve that is on the pipe that feeds into the gas meter. Turn it one quarter turn to make the indicator parallel to the ground. In most locations, once you do this you cannot turn the gas back on to the house without the utility company.

Propane: If you live in an area that uses outdoor propane or LPG you will find this outside the home. Open the top of the tank and you will see either a regular turn knob or a quarter turn valve. Turn the knob to your right to shut off the flow of propane into your house. For quarter turn valve see above.